

Approved, SCAO

**STATE OF MICHIGAN**

JUDICIAL DISTRICT  
JUDICIAL CIRCUIT  
COUNTY PROBATE

**NOTICE OF FILING OF TRANSCRIPT  
AND AFFIDAVIT OF MAILING**

**CASE NO.**

Court address

Court telephone no.

Plaintiff/Petitioner name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

**v**

Defendant/Respondent name(s) and address(es) <input type="checkbox"/> Appellant <input type="checkbox"/> Appellee
Attorney, bar no., address, and telephone no.

☐ Probate In the matter of \_\_\_\_\_

Instruction: Do not duplicate below the attorney names and addresses provided above. Use only when there are more than two attorneys.

\_\_\_\_\_  
Attorney name and address

Representing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Attorney name and address

Representing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** A separate notice of filing must be completed by each court reporter or recorder who is filing in this case.

1. On this date I filed in the trial court

☐ a. a portion of the total proceedings taken in this case before \_\_\_\_\_  
Judge  
on \_\_\_\_\_  
Date(s)

☐ b. a complete transcript of the proceedings taken in this case.

2. I have notified all above stated parties that the transcript has been filed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certification designation and number

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

(see other side for Affidavit of Mailing)

(to be printed on the back of the Original copy only - for filing in the appellate court)

**AFFIDAVIT OF MAILING**

Being first duly sworn, I state that on this date I served a copy of this notice of filing of transcript upon the following parties, in the manner indicated, at their last known addresses.

\_\_\_\_\_  
Name (type or print)

- ☐ personal service.
- ☐ registered mail (receipts attached).
- ☐ certified mail (receipts attached).
- ☐ first class mail.

\_\_\_\_\_  
Name (type or print)

- ☐ personal service.
- ☐ registered mail (receipts attached).
- ☐ certified mail (receipts attached).
- ☐ first class mail.

\_\_\_\_\_  
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\_\_\_\_\_  
Name (type or print)

- ☐ personal service.
- ☐ registered mail (receipts attached).
- ☐ certified mail (receipts attached).
- ☐ first class mail.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reporter/Recorder signature

\_\_\_\_\_  
Name (type or print)

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date